

## Instructions for Completion of the MAP 248 Certification for Disposable Medical Supplies

**Note: Use the “Tab” key to move between categories on the form.**

### **Agency Information:**

The Home Health agency requesting certification for the “supply only” recipient must identify their agency by listing their name, address and Medicaid provider number.

### **Recipient Information:**

The recipient who needs medical supplies must be identified by the requesting home health agency by listing the recipient’s name, address, date of birth, Medicaid ID number, their diagnosis and, if applicable, the recipient’s Medicare identification number and any other insurance the recipient has (TPL).

### **HCPCS Code:**

List the supply code from the Health Care Procedure Coding System manual that identifies the supply code requested.

### **Item Description:**

Give a brief description of the supply requested that matches the HCPCS code of the previous category.

### **Quantity/Units:**

List the total amount of units that will be required by the recipient during the certification period requested that will be covered by the MAP 248. (The time frame may vary if the recipient will be discharged prior to the six month maximum time-frame.)

### **Start Date/End Date:**

List the date the supplies are expected to begin (MM/DD/YYYY) and end (MM/DD/YYYY).

### **Physician’s Authorization:**

The physician ordering the supplies must give his/her identifying information. The physician’s printed name must be supplied as well as the physician’s signature, UPN#, address and the date the order was signed by the physician.

For recertification’s the HH agency may obtain the physician’s order per a signed MAP 248 up to 21 days prior to the current certification ending date. If the physician’s order is not obtained prior to the expiration of the current cert period, a verbal physician’s order must be obtained prior to requesting prior authorization; the MAP 248 must be signed within 21 days of receiving the verbal order, if recertification of “supply only” is requested. A physician’s verbal order shall be transcribed verbatim onto the MAP 248 which shall be signed and dated by the nurse receiving the verbal order. If the MAP 248 is signed by the physician and dated outside of the 21 day time-period, the HH agency is out of compliance with Medicaid policy.

**General Information:**

**All medical supplies needed by a dual eligible recipient should be obtained through the Medicare DME with the exception of incontinence supplies (diapers, pads, chux) whether or not the recipient is receiving a PPS episode of care.**

**The dual eligible recipient receiving services under a PPS episode of care and who requires nutritional supplements (not total nutrition) which are not covered by Medicare may receive these under the MAP 248 “supply only” criteria.**

**Medical Supplies: Medicare Benefit Policy Manual, Chapter 7, Home Health Services**

**The law requires all medical supplies (routine and non routine) bundled to the agency while the patient is under a home health plan of care. Both routine and non routine medical supplies are included in the base rates for every Medicare home health patient regardless of whether or not the patient requires medical supplies during the episode.**

NOTE: THE MAP 248 IS COMPLETED AND SIGNED AT LEAST EVERY SIX MONTHS BY THE PHYSICIAN, HOWEVER, IF A CHANGE OCCURS IN THE RECIPIENT’S CONDITION THAT REQUIRES DIFFERENT SUPPLIES NEEDED, IT WILL BE NECESSARY TO HAVE THE PHYSICIAN’S CERTIFICATION COMPLETED EARLIER THAN THE SIX MONTH EXPIRATION DATE.

The MAP 248 shall be available upon request for Medicaid, or an agent of Medicaid, to review.